

# January 2015 Newsletter

**Guilford Orthopaedic and Sports Medicine Center**  
A Division of Triad Healthcare Orthopaedic Specialists, P.A.  
"We work to keep you playing"

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Guilford Orthopaedic and Sports Medicine Center would like to wish you a safe and Happy New Year!! Our office will be closing early December 31st, 2014 for New Years Eve. Our office will be closed Thursday, January 1, 2015 and Saturdays, January 24 & 31, 2015.

## Dr. Thompson discusses Carpal Tunnel Syndrome



Carpal tunnel syndrome is only one of many causes of hand pain treated by hand surgeons. It happens when a nerve in the hand is compressed as it lies within a tunnel. Its symptoms are most commonly numbness and tingling, or "pins and needles", and sometimes pain. These symptoms may range from minor and annoying to severe and disabling. They often occur at night while sleeping or with activities such as driving, talking on the phone or using a keyboard. As the condition of the nerve worsens, certain muscles in the hand may become weaker, causing weakness with pinching and grasping activities.

Many factors can contribute to allowing the nerve to become squeezed. These factors generally fall into three categories: those which decrease the size of the tunnel, those which increase the size of the other contents of the tunnel, and those that directly affect the health of the nerve. Included are certain types of wrist fractures or tumor; diseases such as rheumatoid arthritis, diabetes and amyloidosis; temporarily conditions such as pregnancy and wrist tendinitis; and a co-existent "pinched" nerve in the neck. While most work activities do not seem to cause carpal tunnel syndrome, some very limited types of activities may contribute to its development. Most notably, there is little credible evidence to support the notion that low-force repetitive work such as office work or keyboarding causes this condition. While the diagnosis of carpal tunnel syndrome may be suggested by the presence of these symptoms, additional exam findings and a special type of electrical nerve test can be helpful to confirm it.

All of the treatments for this condition, both non-operative and operative are aimed at reducing the pressure on the nerve. Controlling diabetes, splinting the wrists in neutral alignment at night, and a steroid injection into the tunnel may be helpful non-operative treatment measures. If 6-9 months of non-operative management has failed to resolve the symptoms, it likely never will succeed. The only other treatment available is to surgically enlarge the space available for the nerve. Once surgery is performed, the nerve will still need to heal. The longer and more severe a nerve has been compressed, the less likely it is to be able to fully heal. It is for this reason that surgery is an appropriate consideration if the condition has not resolved with an appropriate duration of non-operative measures. Occasionally a patient will present to the hand surgeon already with severe involvement. In such instances, it is not inappropriate to consider the surgical options without a trial of non-operative therapy.

There are two basic ways to perform the operation. One is the traditional open release and a newer method is through the use of an endoscope. Both achieve excellent results and each technique is appropriate for all patients, the endoscopic approach is not appropriate for certain patients. Furthermore, fewer surgeons have been trained to perform the endoscopic approach.

**Guilford Orthopaedics strives to ensure the best experience and availability to ALL our patients!**



We are open Monday- Friday 8 am-5:30 pm & Saturdays from 9 am until 1 pm. Be sure to call 336-275-3325 to schedule your appointment.

If after hours please visit our Urgent Care located at 1130 N. Church Street Greensboro, NC 27401 or call 336-235-BONE(2663) they are open M-F 5:30 pm until 9 pm and Sat./Sun. 10 am until 2 pm.